Providing Mental Health and Substance Abuse Treatment to Bosnian New Americans

Davorka Marovic-Johnson, LPC Bi-Lingual International Assistant Services

Introduction

- Bi-Lingual International Assistant Services
- A brief lesson in geography
- A brief lesson in history
- Refugee Reality in the United States
- Mental Health Treatment
- Substance Abuse Treatment

Bi-Lingual International Assistant Services

- Non for profit organization offers services in an accessible culturally and linguistically competent manner.
- The agency works with elderly, disabled Americans as well as "New Americans" and offers advocacy, social work, and mental health services.

Services:

- Counseling/Psychotherapy offered in English, Russian, Spanish, Bosnian, Croatian, Serbian, and Chinese
- Mental Health Assessment
- Case Management
- Advocacy
- Citizenship assistance
- Help with obtaining Medicare and Medicaid benefits
- Utilization of community resources
- Information and referral
- Interpretation and translation
- Diversity Training
- Home visiting Psychiatrists

Definitions

- Immigrant a person who has the intention to reside permanently in the US; usually a *lawful* permanent resident (LPR)
- LPR a person who has received a "green card" and whom the INS has decided may live permanently in the US.
- Refugee a person who is granted permission while outside the US to enter the US legally because of harm or feared harm due to her or his race, religion, nationality, political opinion or membership in a particular social group

Why Bosnians came to St. Louis?

- Sponsoring agencies
- Lower than average cost of living
- To help out the local economy

Bosnians in St. Louis

■ Between 45,000 and 60,000 Bosnians live in St. Louis!

Location of Bosnia



History

- Bosnians, Serbs and Croats are descendents of Slav tribes
- 500 600 a.d. Slavs arrive to the Balkans
- part of and conquered by many big empires: Byzantine, Roman, Austro-Hungarian, Ottoman, etc.

History cont.

- In order to survive the attacks from big empires, the Kingdom of Serbs, Croats and Slovenes was formed in 1920
- End of World War II brings birth to Socialist Federative Republic of Yugoslavia: 6 republics and 2 autonomous provinces

Socialist Federal Republic of Yugoslavia



Former Yugoslavia

- Language
- Customs
- Religions

The Mosaic of People who lived in Bosnia and Herzegovina

- "Bosnian" terms which implies nationality
- Muslims: predominant religion Islam; speak
 Bosnian (40%)
- Serbs: predominant religion Orthodox Christianity; speak Serbian (33%)
- Croats: predominant religion Catholic; speak
 Croatian (18%)

Former Yugoslavia



The war in Bosnia and Herzegovina: the basics

- 1992 1995; ended with Dayton Peace Agreement
- All parties involved guilty of crimes against humanity; however, <u>majority</u> committed by Bosnian Serbs
- Bosnian Muslims suffered in greatest numbers

Bosnian refugees

- Survived war, but lost everything: loved ones, homes, belongings, family pictures, communities, country, social status, sense of security
- Had to leave and did not have a choice
- Had to start from nothing one more time
- Suffered war trauma which often results in Posttraumatic Stress Disorder
- Experienced Culture Shock

Bosnian refugees

- Deal with adjusting from living in a socialist system to living in a capitalist system (housing, health, education, etc.) They also deal with:
- Systems not being accessible
- Generation gap
- Anti-immigrant attitude
- Losing sense of control of one's own life

Healthcare differences

Health care in former Yugoslavia

Free healthcare/socialized medicine

No insurance plans

Accessible and high quality

Medications: small dosages

Health Care differences cont.

- Healthcare in United States: Issues for Bosnians Expensive
 - Insurance plans are needed in order to receive care
 - Long wait at public clinics or emergency rooms
 - Doctors are student-doctors
 - Medications: maximum initial dosage with little explanation of side effect or education regarding prevention
 - Doctors expect patients to self-advocate

Working with Interpreters

- Important to use certified medical interpreters
- Interpreters need to be respectful when clients share concerns/issues
- intense and requires high concentration
- Vicarious trauma should be addressed when working with interpreters especially one who work full time in the trauma field.

Posttraumatic Stress Disorder

- The person has been exposed to a traumatic event in which both of the following were present:
- 1. the person experienced, witnessed, or was confronted with an events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- 2. the person's response involves intense fear, helplessness, or horror

- The traumatic event is persistently reexperienced in one or more of the following ways:
- 1. recurrent and intrusive distressing recollections of the event
- 2. recurrent distressing dreams of the event
- 3. acting or feeling as if the traumatic event were recurring
- 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

- Avoidance symptoms:
- 1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
- 2. efforts to avoid activities, places, or people that arouse recollections of the trauma
- 3. inability to recall an important aspect of the trauma
- 4. markedly diminished interest or participation in significant activities
- 5. feelings of detachment or estrangement from others
- 6. restricted range of affect (e.g., unable to have loving feelings)
- 7. sense of a foreshortened future

- Persistent symptoms of increased arousal:
- 1. difficulty falling or staying asleep
- 2. irritability or outbursts of anger
- 3. difficulty concentrating
- 4. hypervigilance
- 5. exaggerated startle response

- Duration of the disturbance is more then 1 month.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **Acute:** if duration of symptoms is less then 3 months
- **Chronic:** if duration of symptoms is 3 months or more
- With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

Mental Health Treatment

- Psychotherapy: Cognitive-Behavioral Therapy including exposure techniques
- Psycho-education and normalization of symptoms
- Psycho-social rehabilitation /case management

Psychotherapy

- Psycho-education
- Assessment/Diagnostic evaluation
- Address treatment goals
- Coping strategies
- The "Impact Statement"
- Address distressing thoughts, trauma triggers, "stuck points"
- Teach cognitive strategies that explain connection between thoughts and feelings (A-B-C sheets)
- Exposure (in- vivo; imaginal)
- "Care-calling"
- Assess treatment goals achieved
- Discuss progress, termination, future goals
- Follow up visits

Substance Abuse Treatment

- In Former Yugoslavia prior the war there were not many facilities addressing substance abuse
- Prevention/educational programs were also not very pronounced prior the war
- There were a very few facilities addressing dependency
- Substance abuse patients usually sought treatment once they got very sick and needed to be hospitalized.
 In many cases family members or employers enforced treatment.

Types of substance abuse among Bosnian refugees:

- Alcohol abuse
- Nicotine addiction
- Caffeine addiction
- Medication abuse

Alcohol abuse:

- Bosnian refugees with substance abuse issues (alcohol abuse being most dominant) reported that:
 - 1. Alcohol has been used as a coping mechanism due to unresolved war trauma, grief issues, isolation, adjustment issues.
 - 2. pointed out "socialization" factor related to the cultural perspective

Substance abuse cont.

- There were no facilities in St. Louis that were trained to address substance abuse among Bosnian refugees until recently.
- Care Access Network for New Americans (CANA) is a system in a city of St. Louis that is going to offer comprehensive mental health and substance abuse treatment. This is the first of it's kind to recognize need and unite providers.

Substance Abuse Cont.

- One substance abuse facility is trained to address both trauma and substance abuse, however, works only with women and their children.
- Bosnian refugees who deal with substance abuse, especially alcohol, are almost always males.
- Another facility is trained to address substance abuse, however, not trauma. In this situation this agency would collaborate with Bi-Lingual International Assistance Services and address mental health issues.

Substance abuse cont.

- CANA Program
 - 1. Outreach
 - 2. Referral to International Institute
 - 3. International Institute screens using CAGE-AID (least intrusive four question form).
- 4. If the client report substance abuse the next step is a referral to substance abuse treatment facility

Substance abuse treatment cont.

- Since alcoholism is the most pronounced substance abuse among Bosnian refugees the test used for assessment purpose will be Michigan Alcohol Screening Test (MAST).
- The test need to be slightly modified in order to be culturally appropriate.

Bosnian New Americans

- Speak Bosnian language
- Most are non-practicing Muslims
- Remove shoes before entering their homes
- Once had free education, free healthcare, good jobs, security
- Once belonged to well established communities with rich social lives
- Once owned houses, farms, cars, etc.
- Lost nearly everything, suffered severe war trauma, and started lives here with almost nothing

Bosnian New Americans cont.

- Many reported increase in their trauma symptoms once they came here due to:
- 1. unresolved war trauma,
- 2. fear of persecution due to their Muslim background (especially after 9/11)
- 3. adjustment issues
- 4. language barrier
- 5. fear of advocating for themselves
- 6. lack of information regarding community resources.

Special Mental Health Needs of Bosnian New Americans

- Affordable and accessible care
- Education regarding community resources
- Language: providing certified medical interprets or bilingual medical/mental health professionals
- Addressing and coordinating case management needs
- Psycho-education and normalization of posttraumatic stress reactions and information about treatments
- Counseling services/ psychiatric services provided by trained trauma specialists.

How to contact us

Bi-Lingual International assistant Services is located at:

10950 Schuetz Road

St. Louis, MO 63146

Phone (314) 812-9320

Fax (314) 812-9398